

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

ADDRESS (number and street) ▼

7000 Cardinal Place

☐ Check if different than previously reported. (ACC)

Dublin

OH

43017

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00332833

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
08 25 2011

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Cushman

Signature of Treasurer

Nancy Cushman

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 23 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 25 / 2011 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2011</span>		<span style="border: 1px solid black; padding: 2px;">181673.91</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">196863.27</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">104930.62</span>	<span style="border: 1px solid black; padding: 2px;">268619.98</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">301793.89</span>	<span style="border: 1px solid black; padding: 2px;">450293.89</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">84500.00</span>	<span style="border: 1px solid black; padding: 2px;">233000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">217293.89</span>	<span style="border: 1px solid black; padding: 2px;">217293.89</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2011

To:

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

95832.98

218296.16

(ii) Unitemized .....

9030.76

50227.28

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

104863.74

268523.44

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

104863.74

268523.44

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

66.88

96.54

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

104930.62

268619.98

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

104930.62

268619.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	162500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	24500.00	70500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	84500.00	233000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84500.00	233000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	104863.74	268523.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	104863.74	268523.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. CAROLYN E GRANT**

Mailing Address 6869 MEADOW GLEN DR

City State Zip Code  
 WESTERVILLE OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR , GOVERNMENT REL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7795992494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ANTHONY D WOO**

Mailing Address 6151 HADDO WAY

City State Zip Code  
 DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 SVP, CORP DEVEL, FIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7796082494**

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. AARON L PITTS**

Mailing Address 5014 CLOSEBURN CT

City State Zip Code  
 DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 SVP, STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7796092494**

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

972.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. STEPHEN REARDON**

Mailing Address 9098 MEDITERRA PLACE

City State Zip Code  
DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, QRA MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7796122494**

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARYJANE TEW**

Mailing Address 6315 DUFFY RD

City State Zip Code  
DELAWARE OH 43015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7796142494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TED L DIBIASE**

Mailing Address 4954 ROSEGATE COURT

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, HR BUSINESS PART

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1588.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7796152494**

Amount of Each Receipt this Period

547.74

P/R Deduction (\$61.20 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1069.74

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. BRYAN R FOCHT**

Mailing Address 8553 TARTAN FIELDS

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, GENERAL ACCTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

Transaction ID : PR7796162494

Amount of Each Receipt this Period

72.00

P/R Deduction (\$8.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WILLIAM M RAMPY**

Mailing Address 855 CREEKSIDE #4

City State Zip Code  
MEMPHIS TN 38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, MKTG & PRODUCT M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

Transaction ID : PR7796192494

Amount of Each Receipt this Period

525.01

P/R Deduction (\$58.45 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. AMELIA D MCCARTY**

Mailing Address 5864 LAKEVIEW DR

City State Zip Code  
HILLIARD OH 43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
ASST GEN CSL, REGULA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

Transaction ID : PR7796202494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

768.01



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID A GONZALES**

Mailing Address 384 COLORADO DRIVE

City

CEDAR CREEK

State

TX

Zip Code

78612

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR , GOVERNMENT REL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2011					

Transaction ID : PR7796242494

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEFFREY W HENDERSON**

Mailing Address 347 MORGAN LN

City

GAHANNA

State

OH

Zip Code

43230

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

CHIEF FINANCIAL OFFI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2011					

Transaction ID : PR7796272494

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GREGORY J HALVACS**

Mailing Address PO BOX 3694

City

DUBLIN

State

OH

Zip Code

43016

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, CORPORATE SECUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2011					

Transaction ID : PR7796282494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

801.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MARGARET M LAVALLE**

Mailing Address 9410 CULROSS CT

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, HR SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR7796302494

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. GARY B ELLIS**

Mailing Address 6146 BALMORAL DRIVE

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP/GM, MIDWEST REGI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR7796312494

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL A DUFFY**

Mailing Address 6825 MACNEIL DR

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EVP, GLOBAL MFG & SU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR7796322494

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

810.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT M RANDKLEV**

Mailing Address 4708 MEANDERING WAY

City

COLLEYVILLE

State

TX

Zip Code

76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP/GM, SOUTHWEST RE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7796362494**

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOSHUA T GAINES**

Mailing Address 5721 CLOVER LANE

City

WESTERVILLE

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, STRATEGY & CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7796422494**

Amount of Each Receipt this Period

261.00

P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JACK L COFFEY**

Mailing Address 200 BAY SHORE DRIVE

City

ROCKWOOD

State

TN

Zip Code

37854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, QRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7796432494**

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

891.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN E GRISDALE**

Mailing Address 7135 FODOR

City State Zip Code  
 NEW ALBANY OH 43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7796482494**

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARC B MULLEN**

Mailing Address 1650 SHERBORNE LANE

City State Zip Code  
 POWELL OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 SVP, GM PRESOURCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7796522494**

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SHELLEY A BIRD**

Mailing Address 7998 CARAWAY AVE

City State Zip Code  
 DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 EVP, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7796542494**

Amount of Each Receipt this Period

900.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1530.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ANTHONY J CAPRIO**

Mailing Address 6 COTTAGE LANE

City State Zip Code  
 MARLBORO NJ 07746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 EVP, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7796552494

Amount of Each Receipt this Period

900.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JESSICA L MAYER**

Mailing Address 4852 CARRIGAN RIDGE

City State Zip Code  
 DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, BUS MGMT (ATTY)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7796562494

Amount of Each Receipt this Period

270.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK PILKINGTON**

Mailing Address 4367 HICKORY ROCK DR

City State Zip Code  
 POWELL OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, STRATEGY MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7796572494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1512.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JOSEPH L BOURQUE**

Mailing Address 18 BUSH HILL RD

City  
IPSWICH

State Zip Code  
MA 01938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7796642494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEPHEN J JOHNSON**

Mailing Address 1 AYLESBURY ROAD

City  
WORCESTER

State Zip Code  
MA 01609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, STRATEGIC PLNG/E

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7796672494**

Amount of Each Receipt this Period

291.69

P/R Deduction (\$32.41 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES W BONANNI**

Mailing Address 7511 PLUM HOLLOW CIR

City  
LIVERPOOL

State Zip Code  
NY 13090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ACCOUNT (HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7796682494**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

552.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. KRISTINA M ROBINSON**

Mailing Address 5464 HEATHROW DRIVE

City State Zip Code  
 POWELL OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, RESEARCH PROJEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7796692494

Amount of Each Receipt this Period

110.84

P/R Deduction (\$13.39 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHELE B DONATICH**

Mailing Address 520 PENNY LANE

City State Zip Code  
 GRAYSLAKE IL 60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, CUSTOMER ADVOCA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.20

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7796732494

Amount of Each Receipt this Period

121.50

P/R Deduction (\$13.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. STEPHEN FLANNERY**

Mailing Address 275 EAST CENTER ST

City State Zip Code  
 SHAVERTOWN PA 18708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.88

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7796752494

Amount of Each Receipt this Period

179.72

P/R Deduction (\$20.03 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

412.06

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. STEPHEN A INACKER**

Mailing Address 1490 S RIDGE ROAD

City  
LAKE FOREST

State Zip Code  
IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
PRES, MEDICAL CHANNE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7796832494

Amount of Each Receipt this Period

339.89

P/R Deduction (\$37.88 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAMES F BALZER**

Mailing Address 319 MILLCREEK LANE

City  
WASHINGTON

State Zip Code  
PA 15301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
MGR, WAREHOUSE OPERA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7796912494

Amount of Each Receipt this Period

97.92

P/R Deduction (\$10.88 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GEORGE J PLAVA**

Mailing Address 3526 PEMBROOKE DR

City  
RICHMOND

State Zip Code  
TX 77469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, PHARM OPS & ACCO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1799.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7796922494

Amount of Each Receipt this Period

623.07

P/R Deduction (\$69.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1060.88



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT S SUMMERS**

Mailing Address 146 CHASELY CIRCLE

City  
POWELL

State Zip Code  
OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, MKTG & PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

789.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7796952494**

Amount of Each Receipt this Period

273.15

P/R Deduction (\$30.35 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEVEN J CALLISON**

Mailing Address 1368 LINCOLN ROAD

City  
COLUMBUS

State Zip Code  
OH 43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, APP DESIGN & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7796992494**

Amount of Each Receipt this Period

164.61

P/R Deduction (\$18.35 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK R OVERMAN**

Mailing Address 900 WYNDHAM HILL CT

City  
SOUTHLAKE

State Zip Code  
TX 76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ACCOUNT (HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7797052494**

Amount of Each Receipt this Period

170.57

P/R Deduction (\$19.01 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

608.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ANTHONY A HUNT**

Mailing Address 10208 HOLLYBROOK DR

City State Zip Code  
 CHARLOTTE NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, ACCOUNT (HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7797102494**

Amount of Each Receipt this Period

248.74

P/R Deduction (\$16.76 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WILLIAM F SMITH**

Mailing Address 8501 HEATHERWOOD DRIVE

City State Zip Code  
 SAVANNAH GA 31406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 SR CNSLT, BUS SYS AN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7797112494**

Amount of Each Receipt this Period

95.22

P/R Deduction (\$10.58 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GARY G CACCIATORE**

Mailing Address 3810 LOCH GLEN CT

City State Zip Code  
 HOUSTON TX 77059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, REGULATORY (ATTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

922.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7797152494**

Amount of Each Receipt this Period

324.46

P/R Deduction (\$36.16 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

668.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

A. JAMES L SCOTT

Mailing Address 9318 PRATOLINA VILLA DRIVE

City State Zip Code  
DUBLIN OH 43016

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, NATIONAL MARKET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7797172494

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. WILLIAM OWAD

Mailing Address 7558 HEATHERWOOD LN

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, OPERATIONAL EXC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2607.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7797182494

Amount of Each Receipt this Period

902.70

P/R Deduction (\$100.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LISA A STILLINGS

Mailing Address 5833 WHITECRAIGS CT

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, FIN PLNG &amp; ANAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7797192494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1523.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL C KAUFMANN**

Mailing Address 7160 TEMPERANCE POINT ST

City State Zip Code  
 WESTERVILLE OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

CEO, PHARMACEUTICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7797212494**

Amount of Each Receipt this Period

1730.70

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARYANN CLYBURN**

Mailing Address 24262 CATALUNA CIR

City State Zip Code  
 MISSION VIEJO CA 92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

MGR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7797232494**

Amount of Each Receipt this Period

112.64

P/R Deduction (\$10.75 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUSAN J JACOBSON**

Mailing Address 1813 NEWTON AVENUE

City State Zip Code  
 PARK RIDGE IL 60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7797262494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2185.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL A LYNCH**

Mailing Address 550 E ROSEMARY

City  
LAKE FOREST

State Zip Code  
IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
CEO, MEDICAL SEGMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

Transaction ID : PR7797272494

Amount of Each Receipt this Period

1730.70

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL P KENNEDY**

Mailing Address 4783 VISTA RIDGE DR

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2607.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

Transaction ID : PR7797302494

Amount of Each Receipt this Period

902.70

P/R Deduction (\$100.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRIAN V PERO**

Mailing Address 5696 TERRE PRINCE CT

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, COMM/TRANS (ATTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

Transaction ID : PR7797312494

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2723.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. CASSANDRA E BAKER**

Mailing Address 1751 BARRINGTON RD

City State Zip Code  
 UPPER ARLINGTON OH 43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, GOVT RELATIONS M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1639.06

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7797392494**

Amount of Each Receipt this Period

578.77

P/R Deduction (\$64.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAMES M BARKER**

Mailing Address 2761 SKELTON LN

City State Zip Code  
 BLACKLICK OH 43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, STRATEGIC SOURCI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7797412494**

Amount of Each Receipt this Period

266.75

P/R Deduction (\$29.82 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES J HOMAN**

Mailing Address 520 EDEN PARK DRIVE

City State Zip Code  
 FRANKLIN TN 37067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 EXEC, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.37

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7797422494**

Amount of Each Receipt this Period

157.93

P/R Deduction (\$13.32 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1003.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. STEPHEN T FALK**

Mailing Address 2175 LANE RD

City State Zip Code  
 COLUMBUS OH 43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 EVP & GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7797432494**

Amount of Each Receipt this Period

900.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CAROLE S WATKINS**

Mailing Address 1967 WOODLANDS PLACE

City State Zip Code  
 POWELL OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 CHIEF HUMAN RESOURCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7797462494**

Amount of Each Receipt this Period

1730.70

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DAVID A GOLDSBERRY**

Mailing Address 321 ST ANDREWS LN

City State Zip Code  
 GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7797512494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2972.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID B RENDER**

Mailing Address 6909 MARIS CT

City  
BURLESON

State Zip Code  
TX 76028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7797542494

Amount of Each Receipt this Period

125.89

P/R Deduction (\$14.03 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHERYL M KAHN**

Mailing Address 3049 MAPLE LEAF

City  
GLENVIEW

State Zip Code  
IL 60026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ASC GEN CSL, COM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7797572494

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROBERT GIACALONE**

Mailing Address 7471 BALFOURE CIRCLE

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, REG AFFAIRS/CHF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7797732494

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

665.89



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT F GLOVER**

Mailing Address 5633 N KOSTNER AVENUE

City  
CHICAGO

State Zip Code  
IL 60646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ACCOUNT (HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7797882494**

Amount of Each Receipt this Period

225.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LINDY J MCLEAN**

Mailing Address 7272 BLACK ABBEY CT

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SR CNSLT, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7797972494**

Amount of Each Receipt this Period

317.54

P/R Deduction (\$35.34 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KENNETH G KOHLER**

Mailing Address 694 HAMPTON RD

City  
GROSSE PTE. WOODS

State Zip Code  
MI 48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7798042494**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

632.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. LAUREL BEELER**

Mailing Address 1723 EAGLE TRL

City  
OXFORD

State Zip Code  
MI 48371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, SALES TRAINING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7798062494**

Amount of Each Receipt this Period

225.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEVE M LAWRENCE**

Mailing Address 4868 CARRIGAN RIDGE

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, RETAIL INDEPEND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7798102494**

Amount of Each Receipt this Period

900.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GREG W STORM**

Mailing Address 4823 HOMESPUN DR.

City  
FAYETTEVILLE

State Zip Code  
AR 72704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
EXEC, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7798292494**

Amount of Each Receipt this Period

200.52

P/R Deduction (\$15.67 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1325.52

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL L GROESBECK**

Mailing Address 33916 N SUMMERFIELDS DR

City  
GURNEE

State Zip Code  
IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, QRA MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7798382494

Amount of Each Receipt this Period

360.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KATHY S POPEJOY**

Mailing Address 11127 W 59TH AVE

City  
ARVADA

State Zip Code  
CO 80004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7798412494

Amount of Each Receipt this Period

226.20

P/R Deduction (\$25.21 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK T HENDERSON**

Mailing Address 6308 MCCOY

City  
SHAWNEE

State Zip Code  
KS 66226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7798422494

Amount of Each Receipt this Period

132.40

P/R Deduction (\$14.79 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

718.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. CONNIE WOODBURN**

Mailing Address 9761 ERIN WOODS DR

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, PROF & GOVT REL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7798472494**

Amount of Each Receipt this Period

1215.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. CORNELIUS T LANE**

Mailing Address 15 SOUTHRIDGE

City State Zip Code  
ST LOUIS MO 63122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SR CNSLT, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7798522494**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. BRIAN WORTH**

Mailing Address 5654 ROTHESAY DRIVE

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, HR BUSINESS PAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7798582494**

Amount of Each Receipt this Period

225.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1530.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT G MURPHY**

Mailing Address 10201 SYLVIAN DR

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7798642494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAMES L GILL**

Mailing Address 1529 WOODVALE AVENUE

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, GM STRATEGIC INI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7798682494**

Amount of Each Receipt this Period

135.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DENNIS OTSUKA**

Mailing Address 9816 BUCKEYE ST. NW

City

ALBUQUERQUE

State

NM

Zip Code

87114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7798802494**

Amount of Each Receipt this Period

228.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

534.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. RONALD A DEDELS**

Mailing Address 1080 BIG WATER POINT

City State Zip Code  
 GREENSBORO GA 30642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, SALES OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7798882494**

Amount of Each Receipt this Period

270.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. FREDERICK D NELSON**

Mailing Address 7303 DEACON COURT

City State Zip Code  
 DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT (STRAT A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7798892494**

Amount of Each Receipt this Period

365.40

P/R Deduction (\$40.60 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL D SYNOR**

Mailing Address 31772 FAIRWAY DR N

City State Zip Code  
 FORISTELL MO 63348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7799052494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

806.40

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. SCOTT J VON GLAHN**

Mailing Address 6975 DELMAR BLVD

City	State	Zip Code
UNIVERSITY CITY	MO	63130

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EXEC, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7799072494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DEBORAH E WOLIN**

Mailing Address 44 LAKE MIST DRIVE

City	State	Zip Code
SUGAR LAND	TX	77479

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ASC GEN CSL, COM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7799262494

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK S PHILLIPS**

Mailing Address 1009 MORNINGSID DR

City	State	Zip Code
ALPHARETTA	GA	30022

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, GENERAL ACCTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7799282494

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

441.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JUSTIN M HOOPER**

Mailing Address 2756 SILVERLEAF DR

City  
POWELL

State Zip Code  
OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, IT PROG/PROJ MG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7799312494**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LORI S HAVLOVITZ**

Mailing Address 8969 SUNNINGDALE LANE

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, APP DESIGN & DE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7799402494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TROY L HANSON**

Mailing Address 5622 DORSEY DRIVE

City  
COLUMBUS

State Zip Code  
OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, MKTG & PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1014.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7799472494**

Amount of Each Receipt this Period

407.35

P/R Deduction (\$45.34 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

668.35



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL D BROWN**

Mailing Address 3103 SADDLE RIDGE

City  
RICHMOND

State Zip Code  
TX 77469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, PHARM OPS & ACCO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7799612494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARK E ROSENBAUM**

Mailing Address 632 CHEOWA CIRCLE

City  
KNOXVILLE

State Zip Code  
TN 37919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
CHIEF CUSTOMER OFFIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7799702494**

Amount of Each Receipt this Period

1730.70

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN E HOWARD**

Mailing Address 30 CULLEN DR

City  
MOBILE

State Zip Code  
AL 36606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SR CNSLT, FRANCHISE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7799732494**

Amount of Each Receipt this Period

135.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2207.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JIMMY W NEIL**

Mailing Address 328 CLAYDON WAY

City

SACRAMENTO

State

CA

Zip Code

95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, MKTG & PRODUCT M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7799752494**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LLOYD D THURMAN**

Mailing Address 2527 PLANTATION SPRINGS

City

RICHMOND

State

TX

Zip Code

77406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7799772494**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KENDELL F SHERRER**

Mailing Address 500 SOUTH PARKVIEW AVENUE  
SUITE 305

City

BEXLEY

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, BENEFITS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7799782494**

Amount of Each Receipt this Period

180.99

P/R Deduction (\$20.11 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. LEEANN EVENSEN**

Mailing Address 1423 SHADY VALLEY

City	State	Zip Code
SUGAR LAND	TX	77479

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

MGR, APP DESIGN &amp; DE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7799802494

Amount of Each Receipt this Period

135.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THERESA L GOULD**

Mailing Address 3418 BIG HICKORY DR.

City	State	Zip Code
KINGWOOD	TX	77345

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, HR BUSINESS PART

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7799822494

Amount of Each Receipt this Period

225.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN P POLLES**

Mailing Address 45 KNOB HILL CIRCLE

City	State	Zip Code
CANTON	MA	02021

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

MGR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7799892494

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. AMY TREAT**

Mailing Address 11107 SHELDON BEND RD

City State Zip Code  
 RICHMOND TX 77406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, APP DESIGN & DE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7799942494**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ANNLEA C RUMFOLA**

Mailing Address 8314 DAVINGTON DR

City State Zip Code  
 DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, APP DESIGN & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7800142494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DONNA B MANN**

Mailing Address 6666 MCVEY BLVD

City State Zip Code  
 WEST WORTHINGTON OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, HR SERVICE DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7800182494**

Amount of Each Receipt this Period

243.97

P/R Deduction (\$27.19 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

675.97

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. STEVEN B MERKIN**

Mailing Address 1481 COUNTRY LN

City  
DEERFIELD

State Zip Code  
IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, HR BUS PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7800212494

Amount of Each Receipt this Period

360.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KURT D DIECK**

Mailing Address 7037 LAKE TRAIL DR

City  
WESTERVILLE

State Zip Code  
OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, PD BUSINESS EXE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

798.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7800222494

Amount of Each Receipt this Period

152.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CYNTHIA S RHOMBERG**

Mailing Address 9379 REDAN COURT

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, MARKETING MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7800342494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

854.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. THOMAS P PERRINE**

Mailing Address 7249 LONDON LANE

City

NEW ALBANY

State

OH

Zip Code

43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, MEDICAL SEGMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR7800352494

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SALLY CURLEY**

Mailing Address 9035 ESIN COURT

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, INVESTOR RELATI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR7800472494

Amount of Each Receipt this Period

675.00

P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GEORGE S BARRETT**

Mailing Address 1038 MILL RD CIRCLE

City

RYDAL

State

PA

Zip Code

19046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

CHAIRMAN/CEO, CARDIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR7800482494

Amount of Each Receipt this Period

1730.70

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2855.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. CRAIG MORFORD**

Mailing Address 5565 LAKE SHORE AVE,

City  
WESTERVILLE

State Zip Code  
OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
CHIEF COMPLIANCE/LEG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7800492494

Amount of Each Receipt this Period

1730.70

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. PATRICIA MORRISON**

Mailing Address 55 EAST ERIE  
#3801

City  
CHICAGO

State Zip Code  
IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
EVP, CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7800502494

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JOHN C RADEMACHER**

Mailing Address 5006 ROSALIND LANE

City  
POWELL

State Zip Code  
OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
PRESIDENT, NUCLEAR &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7800512494

Amount of Each Receipt this Period

900.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3080.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. MARK BLAKE**

Mailing Address 2226 BRYDEN ROAD

City State Zip Code  
 COLUMBUS OH 43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EVP, STRATEGY & CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7800522494**

Amount of Each Receipt this Period

1730.70

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JILL F LANOQUETTE**

Mailing Address 19 OLD FARM ROAD

City State Zip Code  
 GRANVILLE OH 43023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, COMMUNICATION MG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7800532494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. CINDY ROSER**

Mailing Address 5090 PK BROOKE WKWY

City State Zip Code  
 ALPHARETTA GA 30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP/GM, SOUTHEAST RE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7800552494**

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2351.70



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MATT J KOHUT**

Mailing Address 809 EAST ROCKLAND RD

City  
LIBERTYVILLE

State Zip Code  
IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7800572494**

Amount of Each Receipt this Period

117.00

P/R Deduction (\$13.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRAD WILSON**

Mailing Address 30121 FIDDLERS GREEN

City  
FARMINGTON HILLS

State Zip Code  
MI 48334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7800592494**

Amount of Each Receipt this Period

121.50

P/R Deduction (\$13.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LISA MARLING-GEORGE**

Mailing Address 10502 MACKENZIE WAY

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, TALENT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7800602494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

409.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. PAUL R LEODLER**

Mailing Address 101 SHY BEAR WAY NW

City State Zip Code  
 ISSAQUAH WA 98027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, PHYSICAL SECURI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7800612494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. GARY H HOUGH**

Mailing Address 4039 S 108TH ST

City State Zip Code  
 OMAHA NE 68137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7800622494

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY E GREER**

Mailing Address 1570 CAMBRIDGE BLVD

City State Zip Code  
 MARBLE CLIFF OH 43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ENTERPRISE ARCHI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7800642494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

432.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. PAUL S POGUE**

Mailing Address 1174 GREERS LANDING DR

City State Zip Code  
 HERNANDO MS 38632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, MKTG & PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7800652494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. RACHEL R STOLL**

Mailing Address 420 WAKEFIELD BLUFF COURT

City State Zip Code  
 ALPHARETTA GA 30004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7800662494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. KEITH A RIECKE**

Mailing Address 137 COOPERWYCK RD

City State Zip Code  
 WENTZVILLE MO 63385

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, IT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7800672494**

Amount of Each Receipt this Period

114.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

456.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. FRANK E RIDGWAY**

Mailing Address 11513 TOTTENHAM PL

City

RICHMOND

State

VA

Zip Code

23233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT MGMT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR7800682494**

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CARL T PETERSON**

Mailing Address 2812 PARKHAVEN DR

City

FLOWER MOUND

State

TX

Zip Code

75022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT (HEALTH

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR7800692494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROBERT M BETCHLEY**

Mailing Address 9678 OPAL COURT

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, OPERATIONS MGMT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR7800722494**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

612.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

A. TODD J TREON

Mailing Address 683 CROSSING CREEK S

City State Zip Code  
 GAHANNA OH 43230

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, MKTG &amp; PRODUCT M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7800752494

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOEL S MCTOPY

Mailing Address 1506 FAIRVIEW DRIVE

City State Zip Code  
 SUGAR LAND TX 77479

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT (STRAT A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7800762494

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RONALD M WADSWORTH

Mailing Address 4310 SUFFOLK WAY

City State Zip Code  
 EL DORADO HILLS CA 95762

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7800772494

Amount of Each Receipt this Period

135.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

315.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. TAYLOR H SMITH**

Mailing Address 1141 OLD COLONY RD

City  
LAKE FOREST

State Zip Code  
IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, GM SURGICAL PRO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7800782494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ERIC M NORMAN**

Mailing Address 7170 KINGSCOTE CT.

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7800792494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ERIC T BOLLING**

Mailing Address 13162 THORNTON DRIVE

City  
FRISCO

State Zip Code  
TX 75035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ACCOUNT (STRAT A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7800802494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. LINDA L GORDIEN**

Mailing Address 2135 TULARE CT

City  
UPLANDState  
CAZip Code  
91784FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT (STRAT A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7800812494

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ADRIANA AYALA**

Mailing Address 11016 SW 77 CT CIR

City

PINECREST

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT (STRAT A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7800822494

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KRISTINA J KALLMEYER**

Mailing Address 3940 VILLAGE CLUB DRIVE

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT (HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7800832494

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

540.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JOSEPH A GOTTRON**

Mailing Address 874 AYLESBURY DRIVE

City State Zip Code  
 GAHANNA OH 43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 SVP, PHARMACEUTICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7800842494**

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PETER A STOY**

Mailing Address 1955 ENCLAVE DRIVE

City State Zip Code  
 MT PLEASANT SC 29464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7800852494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LINDA S LOCKYER**

Mailing Address 1133 NOE STREET

City State Zip Code  
 SAN FRANCISCO CA 94114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, ACCOUNT (STRAT A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7800862494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

864.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DANIEL R ROBINSON**

Mailing Address 8124 CROOKED OAKS CT

City  
GAINESVILLE

State Zip Code  
VA 20155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, PHARMACY OPERATI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7800872494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ERNEST P ROGERS**

Mailing Address 105 RHINESTONE COURT

City  
ELIZABETHTOWN

State Zip Code  
KY 42701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7800882494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHARLES L COBB**

Mailing Address 792 ELDORADO DR.

City  
SUPERIOR

State Zip Code  
CO 80027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ACCOUNT (STRAT A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7800892494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1026.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

**A. DAVID LAWRENCE**

Mailing Address 326 VINWOOD LANE

City  
POWELL

State Zip Code  
OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, STRATEGIC PLNG/E

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7800912494

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MURRAY K WINLAND**

Mailing Address 225 KITDARE DRIVE

City  
DELAWARE

State Zip Code  
OH 43015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, LEARNING MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7800932494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARTHA HUSTON**

Mailing Address 490 E. SUNBURST LN

City  
TEMPE

State Zip Code  
AZ 85284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP/GM, WEST REGION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7800942494

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1071.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT B BROWN**

Mailing Address 2434 BRYDEN ROAD

City State Zip Code  
COLUMBUS OH 43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, SALES OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7800952494

Amount of Each Receipt this Period

80.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MELISSA A LABER**

Mailing Address 7174 LINWORTH RD.

City State Zip Code  
COLUMBUS OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, PHARM STRAT SOUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7800962494

Amount of Each Receipt this Period

108.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LOUIS A MAYLE**

Mailing Address 4 WHITTIER RD

City State Zip Code  
MARBLEHEAD MA 01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP/GM, NORTHEAST RE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7800972494

Amount of Each Receipt this Period

144.00

P/R Deduction (\$16.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

332.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. STUART G LAWS**

Mailing Address 5635 CYPRESS COURT

City State Zip Code  
 WESTERVILLE OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 SVP, CHIEF ACCOUNTIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7800982494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. MICHAEL A MARUSA**

Mailing Address 38 ALPINE CIRCLE

City State Zip Code  
 SANDY HOOK CT 06482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, ACCOUNT (HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7801012494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. MARY W BAXTER**

Mailing Address 9601 ST REGIS TERR

City State Zip Code  
 RICHMOND VA 23236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, PHARM OPS & ACCO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7801022494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

855.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. LOIS A BARRETT**

Mailing Address 2934 CENTRAL ST #3E

City  
EVANSTON

State Zip Code  
IL 60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, SALES OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801032494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CRAIG P COWMAN**

Mailing Address 6851 KILLILEA DRIVE

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, PRODUCT MANAGEM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801042494**

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PATRICK HALLORAN**

Mailing Address 6180 MEMORIAL DRIVE

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, GLOBAL TRADE OP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801062494**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

882.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DOUGLAS J KATZ**

Mailing Address 20 MCCUE RD

City  
MORGANVILLE

State Zip Code  
NJ 07751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801072494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ANDREW W WEHR**

Mailing Address 905 LITTLE BEAR LOOP

City  
LEWIS CENTER

State Zip Code  
OH 43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIRECTOR, EH&S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801082494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JASON D MAXWELL**

Mailing Address 837 VALLEY ROAD

City  
LAKE FOREST

State Zip Code  
IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ASC GEN CSL, LIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801092494**

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

522.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD C GREENWOOD**

Mailing Address 323 OLD DUNN COURT

City  
LAKE MARY

State Zip Code  
FL 32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ACCOUNT (STRAT A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801102494**

Amount of Each Receipt this Period

225.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL A MONE**

Mailing Address 4909 SCENIC CREEK DR

City  
POWELL

State Zip Code  
OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, QRA MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801112494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WILLIAM B CHRISTIAN**

Mailing Address 3325 LITTLEPORT LANE

City  
ACWORTH

State Zip Code  
GA 30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ACCOUNT (STRAT A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801122494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

909.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. BENN SLEDGE**

Mailing Address 8016 W 138TH TERRACE

City State Zip Code  
OVERLAND PARK KS 66223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ACCOUNT (STRAT A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801132494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. GILBERTO QUINTERO**

Mailing Address 6650 BRODIE BLVD

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, QRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801142494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. MICHAEL M SINIGAGLIA**

Mailing Address 57 WILLETS DR

City State Zip Code  
SYOSSET NY 11791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ACCOUNT MGMT (PR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801162494**

Amount of Each Receipt this Period

135.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

819.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. DAO V PHO**

Mailing Address 5827 STONECREST DR.

City State Zip Code  
 AGOURA HILLS CA 91301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7801172494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. ANDREW T ALDERMAN**

Mailing Address 1225 LEICESTER PL.

City State Zip Code  
 COLUMBUS OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 SVP, STRATEGY & BUS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7801182494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. BENSON P YANG**

Mailing Address 15 YEW COURT

City State Zip Code  
 SAN RAFAEL CA 94903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7801192494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

855.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL P DUSKI**

Mailing Address 1310 W JO LANE

City State Zip Code  
ARLINGTON HEIGHTS IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, GM CRITICAL CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801202494**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN S LINDSEY**

Mailing Address 50 TIMBERKNOLL LOOP

City State Zip Code  
POWELL OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, APP DESIGN & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801212494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARJORIE CUMMINS**

Mailing Address 5928 ROUNDSTONE

City State Zip Code  
DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, OPERATIONAL EXCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801222494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

774.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. GREGORY BOGGS**

Mailing Address 7746 POLO LANE

City  
POWELL

State Zip Code  
OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, APP DESIGN & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801232494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN J BYRNES**

Mailing Address 161 TUCKER DR

City  
WORTHINGTON

State Zip Code  
OH 43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, TAX TECHNICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801242494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KIMBERLY C GRAVELL**

Mailing Address 942 JACQUELINE PLACE

City  
NIPOMO

State Zip Code  
CA 93444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, STRATEGY MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801262494**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

573.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. PETER J BURKE**

Mailing Address 912 MILITARY DR

City State Zip Code  
 GALLOWAY OH 43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, SALES OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7801272494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ELIZABETH M KRENZER**

Mailing Address 343 MILFORD DR

City State Zip Code  
 DEERFIELD IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, MANUFACTURING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7801282494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SCOTT CULVER**

Mailing Address 4324 SAVANNAH LN

City State Zip Code  
 SPRINGDALE AR 72762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, MKTG & PRODUCT M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7801292494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. EVELYN LONG**

Mailing Address 3333 HAWKS RIDGE DR

City  
LAKELAND

State Zip Code  
FL 33810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801302494**

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TOHID A VAHEDIAN**

Mailing Address 1857 COLLINGSWOOD RD

City  
COLUMBUS

State Zip Code  
OH 43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP/GM, MED CHANNEL S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801312494**

Amount of Each Receipt this Period

225.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RAJEEVE KAUL**

Mailing Address 6669 BRODIE BLVD

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, STRATEGIC PRICIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801322494**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

485.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT S THOMPSON**

Mailing Address 8338 AMBERLEIGH WAY

City	State	Zip Code
DUBLIN	OH	43017

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, OP EXCELLENCE DE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7801332494

Amount of Each Receipt this Period

225.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KENNETH H ROBINETTE**

Mailing Address 9409 AVE MORE CT.

City	State	Zip Code
DUBLIN	OH	43017

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, OPERATIONAL EXCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7801342494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THEOTIS WILSON**

Mailing Address 14607 VILLALONGA LN

City	State	Zip Code
CHARLOTTE	NC	28277

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT (HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7801362494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

738.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JOAN R RHODUS**

Mailing Address 14341 CANTERBURY

City  
LEAWOOD

State Zip Code  
KS 66224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801372494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEFFREY B BRANNON**

Mailing Address 3965 CLEARLAKE CIRCL

City  
ZANESVILLE

State Zip Code  
OH 43701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801382494**

Amount of Each Receipt this Period

225.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANDREW R KELLER**

Mailing Address PO BOX 3732

City  
DUBLIN

State Zip Code  
OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, INVENTORY MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801392494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

738.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. MARC D DELORENZO**

Mailing Address 231 TILLER DRIVE

City  
POWELL

State Zip Code  
OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7801402494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JON GIACOMIN**

Mailing Address 6792 INGALLS CT

City  
GALENA

State Zip Code  
OH 43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
EVP, OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7801422494

Amount of Each Receipt this Period

675.00

P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. LUKE C AUGUSTINE**

Mailing Address 10834 S 166TH ST

City  
OMAHA

State Zip Code  
NE 68136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7801432494

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1467.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ANNEMARIE LA BUE**

Mailing Address 1877 TEWKSBURY RD

City State Zip Code  
 UPPER ARLINGTON OH 43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ASC GEN CSL, LAB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7801442494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PAUL G FARLEY**

Mailing Address 52 ONONDEGA RD

City State Zip Code  
 NARRAGANSETT RI 02882

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7801452494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. EDWARD SULLIVAN**

Mailing Address 26 BERNON DRIVE

City State Zip Code  
 LINCOLN RI 02865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7801462494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. CRAIG ROTHMAN**

Mailing Address 42 SEMINOLE WAY

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7801472494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SEAN M MCCAFFREY**

Mailing Address 1020 BUCK RUN RD

City

SOUTHPOINTE

State

PA

Zip Code

15317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7801482494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK D ZAWADZKI**

Mailing Address 5991 KITCHEN CT

City

HILLIARD

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, FINANCE (GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7801492494**

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

693.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DANIEL MOVENS**

Mailing Address 987 RETREAT LANE

City  
POWELL

State Zip Code  
OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP/GM, PARMED PHARM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801502494**

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARY C SCHERER**

Mailing Address 223 WEATHERBURN CT

City  
POWELL

State Zip Code  
OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, FINANCE (GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801512494**

Amount of Each Receipt this Period

135.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GEORGE R KUNTZ**

Mailing Address 51 W GRANVILLE RD

City  
WORTHINGTON

State Zip Code  
OH 43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, APP DESIGN & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801522494**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

675.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. KATE C SPIRKO**

Mailing Address 6812 SPRUCE PINE DR

City State Zip Code  
 COLUMBUS OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7801532494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. WILLIAM S CLAUNCH**

Mailing Address 10744 CAMPDEN LAKES BLVD

City State Zip Code  
 DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, STRATEGY MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7801542494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. MATTHEW S MARGOLIES**

Mailing Address 3065 SUMMER LEAF CT

City State Zip Code  
 GALENA OH 43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 SVP, SALES & MARKETI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7801552494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1026.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN R WILLIAMS**

Mailing Address 7026 BLAKEMORE LANE

City State Zip Code  
DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, MARKETING MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801562494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL J GUASTELLA**

Mailing Address 1629 DAVENTRY LANE

City State Zip Code  
POWELL OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, MARKETING MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801572494**

Amount of Each Receipt this Period

38.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANGELA M THOMAS**

Mailing Address 9287 WINDY CREEK DR

City State Zip Code  
COLUMBUS OH 43240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, INVENTORY MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801582494**

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

560.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MEGHAN FITZGERALD**

Mailing Address 6 MORGAN

City  
NORWALK

State Zip Code  
CT 06851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
PRES, SPECIALTY GROU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801592494**

Amount of Each Receipt this Period

400.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CATHERINE S KENWORTHY**

Mailing Address 5000 SLATE RUN WOODS COURT

City  
COLUMBUS

State Zip Code  
OH 43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801602494**

Amount of Each Receipt this Period

900.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CARL E HALL**

Mailing Address 626 W WRIGHTWOOD AVE #1E

City  
CHICAGO

State Zip Code  
IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, MKTG & PRODUCT M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7801612494**

Amount of Each Receipt this Period

135.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1435.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN A FIACCO**

Mailing Address 124 FOX HAVEN DRIVE

City  
O'FALLON

State Zip Code  
MO 63368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, PHARM OPS MGMT -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR798662494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PAUL T BUSTER**

Mailing Address 66 W BEECHWOLD BLVD

City  
COLUMBUS

State Zip Code  
OH 43214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, IT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR798662494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GAUTAM S SHIRHATTIKAR**

Mailing Address 5473A BRIARDALE LANE

City  
DUBLIN

State Zip Code  
OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, STRATEGIC PLNG/E

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR798662494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM RENFER**

Mailing Address 3328 E PINTAIL WAY

City State Zip Code  
 ELK GROVE CA 95757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7986692494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. BENJAMIN T THOMPSON**

Mailing Address 2029 LEWIS CROSSING COURT

City State Zip Code  
 KELLER TX 76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7986702494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. MAUREEN GIRARD**

Mailing Address 130 N GARLAND

City State Zip Code  
 CHICAGO IL 60602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, MKTG & PRODUCT M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7986712494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. LISA A ASHBY**

Mailing Address 9165 TERRAZZA N CRT

City State Zip Code  
DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

PRESIDENT, CATEGORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7986722494**

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. HENRY M CHILTON**

Mailing Address 32 PALISADES PARKWAY

City State Zip Code  
OAK RIDGE TN 37830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7986732494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. ERIC C CHRISTENSEN**

Mailing Address 2481 SUTTER PARKWAY

City State Zip Code  
DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ASC GEN CSL, COM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7986742494**

Amount of Each Receipt this Period

225.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1017.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MARSHA L ARAGON**

Mailing Address 29306 DAKOTA DR

City  
VALENCIA

State Zip Code  
CA 91354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7986752494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT MOULTON**

Mailing Address 7017 VIOLET VEIL

City  
DUBLIN

State Zip Code  
OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, FINANCE (GENERA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7986762494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL BISHOP**

Mailing Address 21614 CANYON FOREST CT

City  
KATY

State Zip Code  
TX 77450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, FIN PLNG & ANAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7986782494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. RENE BLOCH**

Mailing Address 401 SPRING DRIVE

City State Zip Code  
 YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EXEC TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7986812494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. ERIC D SUTHERLAND**

Mailing Address 6433 TULIPWOOD LANE

City State Zip Code  
 JAMESVILLE NY 13078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7986822494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. DOUGLAS HELMREICH**

Mailing Address 6600 DEESIDE DR.

City State Zip Code  
 DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, MARKETING RESEA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7986862494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. SCOTT A MACPHERSON**

Mailing Address 57 SCENIC HILLS COURT

City State Zip Code  
 BELLE MEAD NJ 08502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7986892494

Amount of Each Receipt this Period

190.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHELLE M RETHMAN**

Mailing Address 6417 BROMFIELD TRACE

City State Zip Code  
 CENTREVILLE VA 20120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EXEC, TERRITORY SALE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7986932494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CRAIG C BARANSKI**

Mailing Address 12 MASSINA DR

City State Zip Code  
 WHEELING WV 26003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7986952494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

532.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. STACY SEPTER**

Mailing Address 18 MILLER DRIVE

City State Zip Code  
 SYLACAUGA AL 35151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 EXEC, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7986972494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. BONNIE B BARFIELD**

Mailing Address 1310 DOBSON DRIVE

City State Zip Code  
 WAXHAW NC 28173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7987002494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. KEVIN HARRY**

Mailing Address 3003 BREEZEWOOD LN

City State Zip Code  
 GALENA OH 43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, FIN PLNG & ANAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7987012494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

A. JENNIFER L KERESTAN

Mailing Address 4711 HIGHLANDS DRIVE

City State Zip Code  
 DELAWARE OH 43015

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONAL EXC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7987022494

Amount of Each Receipt this Period

76.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TRACY K GODFREY

Mailing Address 3684 BROADLEAF AVE

City State Zip Code  
 ELGIN IL 60124

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, GENERAL ACCTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7987052494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROBERT A HONNER

Mailing Address 7167 SPRINGVIEW LN

City State Zip Code  
 DUBLIN OH 43016

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, FIN PLNG &amp; ANAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR7987062494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

418.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. AMY P SNOW**

Mailing Address 5760 WHITECRAIGS CT

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
EXEC, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7987072494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LAURA L SMITH**

Mailing Address 5828 IVY BRANCH DR

City State Zip Code  
DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, SALES OPERATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7987092494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES P COMBS**

Mailing Address 69259 LEE ROAD

City State Zip Code  
ST CLAIRSVILLE OH 43950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
EXEC, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7987122494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. STANLEY K HAUGHT**

Mailing Address 920 LAMBETH DRIVE

City State Zip Code  
COLUMBUS OH 43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, APP DESIGN & DE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7987132494**

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ERIC M JOHNSON**

Mailing Address 8078 TRAIL LAKE DR

City State Zip Code  
POWELL OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, FINANCE (GENERAL)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7987152494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRIAN E DILBONE**

Mailing Address 368 ROCKY SPRINGS

City State Zip Code  
BLACKLICK OH 43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, APPDSGN/DEV SAP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7987162494**

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

702.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DANNY W PENNY**

Mailing Address 27 N LAKE AVE

City

THIRD LAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, PACKAGING ENGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7987222494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THOMAS E HUNT**

Mailing Address 54 BROOKSIDE LN

City

LEMONT

State

IL

Zip Code

60439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EXEC, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7987232494**

Amount of Each Receipt this Period

225.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANNEFREYER MCCLUSKEY**

Mailing Address 10910 E SAN TAN BLVD

City

SUN LAKES

State

AZ

Zip Code

85248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, CLINICAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7987242494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

567.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. PAMELA S HOLOHAN**

Mailing Address 405 E WASHINGTON ST

City State Zip Code  
 GARDNER IL 60424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 EXEC, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7987262494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DEBRA A FLUNO**

Mailing Address 622 SUNNYSIDE AVE

City State Zip Code  
 GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, PHARM OPS & ACC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7987292494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BLAIR R WILLIAMS**

Mailing Address 663 LYNNFIELD DR

City State Zip Code  
 WESTERVILLE OH 43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, HR SERVICE CENTE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7987312494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

A. CURTIS L WILENS

Mailing Address 1347 COVENTRY LN

City  
NORTHBROOK

State Zip Code  
IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, MARKETING RESEA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7987342494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JAY C GREER

Mailing Address 1472 MILL RACE

City  
ROCHESTER HILLS

State Zip Code  
MI 48306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7987382494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SCOTT CLAUS

Mailing Address 8413 LYLWOOD COURT

City  
CHESTERFIELD

State Zip Code  
VA 23838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, TRANSPORTATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR7987392494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

513.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. STUART MARTIN**

Mailing Address 9711 CONCORD RIDGE

City  
BRENTWOOD

State Zip Code  
TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

Transaction ID : PR7987412494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRENDA G BARDEN**

Mailing Address 3435 ALTA VISTA DR

City  
CHATTANOOGA

State Zip Code  
TN 37411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

Transaction ID : PR7987422494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LANE CHERAMIE**

Mailing Address 152 WEST 117TH STREET

City  
CUT OFF

State Zip Code  
LA 70345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, HEALTH SYSTEM P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2011

Transaction ID : PR7987452494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. RONALD T FANNING**Mailing Address 2832 MANSION DRIVE  
APT 101

City	State	Zip Code
INDEPENDENCE	MO	64055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7987462494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEPHEN A KIEWIET**

Mailing Address 804 GLENCORSE DR

City	State	Zip Code
SAINT PETERS	MO	63304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7987482494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER J ANDERSON**

Mailing Address 3600 GEORGE PIERCE

City	State	Zip Code
SUWANEE	GA	30024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, QRA MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7987512494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

513.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. MARK MISPLAY**

Mailing Address 1811 WINDY HILL LANE

City  
PROSPER

State  
TX

Zip Code  
75078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, DIRECT SALES MG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7987522494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. GREGG A BREWSTER**

Mailing Address 3710 FENCELINE ROAD

City

FRANKSVILLE

State

WI

Zip Code

53126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7987532494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. ANDREW GRANT**

Mailing Address 35941 DARCY STREET

City

MURRIETA

State

CA

Zip Code

92562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7989692494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. PATRICK J ECKHERT**

Mailing Address 4509 HUNTER LAKE DR

City  
POWELL

State Zip Code  
OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, STRATEGIC SOURC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7989702494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAMES W HILLMAN**

Mailing Address 141 WOODSTREAM DR

City  
GRAND ISLAND

State Zip Code  
NY 14072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7989712494**

Amount of Each Receipt this Period

270.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHLEEN HILLMAN**

Mailing Address 141 WOODSTREAM DR

City  
GRAND ISLAND

State Zip Code  
NY 14072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7989722494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

612.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. CRAIG E DAVIS**

Mailing Address 15340 GINA LYNN COURT

City  
JACKSON

State Zip Code  
CA 95642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7989752494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. WAYNE J BOUDREAUX**

Mailing Address 405 PETREL TRAIL

City  
BRADENTON

State Zip Code  
FL 34212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, NUCLEAR PHARMAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7989762494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. ROBERT WELLS**

Mailing Address 301 BRIDLE PATH LANE

City  
ANNAPOLIS

State Zip Code  
MD 21403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, ASC GEN CSL, COM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7989772494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 142

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. BALAN NAGARAJAN**

Mailing Address 8114 SUMMERHOUSE DR W

City State Zip Code  
DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, MKTG & PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7989782494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JAMES H HORNER**

Mailing Address 2706 ISLAND COVE ROAD

City State Zip Code  
FORT MILL SC 29708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, MANUFACTURING M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7989792494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. ELIZABETH R CARNES**

Mailing Address 4830 BROOKSVIEW CIR

City State Zip Code  
NEW ALBANY OH 43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7989802494**

Amount of Each Receipt this Period

450.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

792.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. KAUSHIK GHOSH**

Mailing Address 7691 FINBARR COURT

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, MKTG & PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7989812494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT M GABEL**

Mailing Address 1605 BERLIN STATION RD

City State Zip Code  
DELAWARE OH 43015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7989822494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. HARRY T VAIL**

Mailing Address 2693 FOX RIVER LN

City State Zip Code  
NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT MGMT (PR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7989842494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. RICHARD MONTGOMERY**

Mailing Address 2717 QUEEN ELAINE DRIVE

City State Zip Code  
 LEWISVILLE TX 75056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, TECHNICAL SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7989852494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. VANETT MARSHALL**

Mailing Address 5585 PINE CONE CT

City State Zip Code  
 LIBERTY TOWNSHIP OH 45044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, INSIDE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7989882494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES A WHIDDEN**

Mailing Address 10 CHERRY LANE

City State Zip Code  
 CHESTER NY 10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, QRA MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7989892494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. LAWRENCE MALHAM**

Mailing Address 206 LONE OAK DRIVE

City	State	Zip Code
WHITE HOUSE	TN	37188

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7989902494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KEVIN L MARTIN**

Mailing Address 804 CATALINA COURT

City	State	Zip Code
MACON	MO	63552

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, MANUFACTURING M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7989912494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES C BAUER**

Mailing Address 10404 SOUTH 176TH STREET

City	State	Zip Code
OMAHA	NE	68136

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

CNSLT, TERRITORY SAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7989922494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. RICHARD W WATSON**

Mailing Address PO BOX 991

City  
SUMNER

State  
WA

Zip Code  
98390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR7989932494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. GEOFFREY Y MCMAHON**

Mailing Address 57-531 KAM HWY

City  
KAHUKU

State  
HI

Zip Code  
96731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR7989942494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ISMAEL VILLARREAL**

Mailing Address 7302 EMERALD GLEN DR

City  
SUGAR LAND

State  
TX

Zip Code  
77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR7989962494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. CHARLES AQUILINA**

Mailing Address 4871 NORMANDY DRIVE

City	State	Zip Code
GALENA	OH	43021

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, MKTG &amp; PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7990012494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. COLLEEN GREINER**

Mailing Address 619 GUIDE ROAD

City	State	Zip Code
TABOR CITY	NC	28463

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EXEC, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7990022494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DONALD S LUCHINI**

Mailing Address 212 LAKESIDE DRIVE

City	State	Zip Code
MCKEES ROCKS	PA	15136

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, FINANCE (GENERA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7990072494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. PETER FLANAGAN**

Mailing Address 16338 IVY LAKE DRIVE

City  
ODESSA

State Zip Code  
FL 33556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990082494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. SEAN P WATERS**

Mailing Address 2621 EAST ARABIAN DRIVE

City  
GILBERT

State Zip Code  
AZ 85296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, CHEM/PHARMA OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990092494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. THOMAS J RAFFERTY**

Mailing Address 38 HERITAGE COURT

City  
DELMONT

State Zip Code  
PA 15626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, NUCLEAR PHARMAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990102494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ALFREDO S RUSSO**

Mailing Address 2490 ALUM CROSSING DRIVE

City State Zip Code  
 LEWIS CENTER OH 43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, REGULATORY MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990112494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ELEANOR M DAUFENBACH**

Mailing Address 2029 W. LANE AVENUE

City State Zip Code  
 COLUMBUS OH 43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, CLINICAL OPS MG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990122494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. URSULA L MCNEILL**

Mailing Address 2725 ADAMS LANDING WAY

City State Zip Code  
 POWDER SPRINGS GA 30127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, HR BUSINESS PAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990152494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN O GINN**

Mailing Address 10120 TAN RARA DRIVE

City  
KNOXVILLE

State Zip Code  
TN 37922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, INVENTORY MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990162494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RICHARD F COLLEY**

Mailing Address 2903 21ST AVE CT SE

City  
PUYALLUP

State Zip Code  
WA 98372-1712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
EXEC, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990172494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER ATZBACH**

Mailing Address 524 GARDEN DRIVE

City  
MARYSVILLE

State Zip Code  
OH 43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, GENERAL ACCTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990192494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JEFFREY A CRIST**

Mailing Address 14177 PERFECT RD.

City State Zip Code  
 SUNBURY OH 43074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, APP DESIGN & DE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990202494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOSEPH S HODGE**

Mailing Address 2260 GNARLED PINE DRIVE

City State Zip Code  
 DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 EXEC, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990212494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BONNY FOWLER**

Mailing Address 214 CHERRY STREET

City State Zip Code  
 GRANVILLE OH 43023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, COMMUNICATION M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990232494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. RONALD BROWN**

Mailing Address 7417 NEWALBANYLINKDR

City State Zip Code  
 NEW ALBANY OH 43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 VP, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990262494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANA R THACKER**

Mailing Address 2934 GRIFFIN DR

City State Zip Code  
 LEWIS CENTER OH 43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, APP DESIGN & DE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990272494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. STANLEY L NAGEL**

Mailing Address 5771 OLDENBURGH WAY

City State Zip Code  
 DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, HR BUSINESS PAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990282494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY W BOWER**

Mailing Address 1561 LITTLE FALLS DR

City	State	Zip Code
CENTERVILLE	OH	45458

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7990302494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LAUREN E FIELDS**

Mailing Address 4316 OAK WOOD COURT

City	State	Zip Code
DUBLIN	OH	43016

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, KNOWLEDGE MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7990312494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KIMBERLY A ROBINETTE**

Mailing Address 9409 AVEMORE CT.

City	State	Zip Code
DUBLIN	OH	43017

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, FINANCE (SS) MG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7990332494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. DENTON F HEWITT**

Mailing Address 1527 BERKSHIRE ROAD

City State Zip Code  
 UPPER ARLINGTON OH 43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, COMPENSATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990342494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. PATRICK A SELLS**

Mailing Address 4015 PIONEER COURT

City State Zip Code  
 POWELL OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, HR SERVICE DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990362494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. CHAD E SANDERS**

Mailing Address 831 ELLIS ST

City State Zip Code  
 PICKERINGTON OH 43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, MKTG & PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990432494**

Amount of Each Receipt this Period

108.00

P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. AKEEM C IMANJONES**

Mailing Address 4955 FANCY-FREE LANE

City State Zip Code  
COLUMBUS OH 43231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, HR BUSINESS PAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990442494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOSEPH E LUKACS**

Mailing Address 18 VILLAGE GROVE RD

City State Zip Code  
LITTLE ROCK AR 72211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, NUCLEAR PHARMAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990452494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DAVID R DION**

Mailing Address 182 N FLORA PARKWAY

City State Zip Code  
ADDISON IL 60101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, QRA MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990462494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. DALE A HILL**

Mailing Address 5931 HERITAGE FARMS DR

City State Zip Code  
HILLIARD OH 43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, PHARM STRAT SOU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990472494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JAMES FRIES**

Mailing Address 138 NEW CUT ROAD

City State Zip Code  
WINDER GA 30680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, DIRECT SALES MG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990492494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. CAMERON J BRADY**

Mailing Address 744 W. CORNELIA AVE.  
UNIT #1

City State Zip Code  
CHICAGO IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, BUS INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990502494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL WOHLFEIL**

Mailing Address 1124 CALEDONIA LANE

City State Zip Code  
 CRYSTAL LAKE IL 60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990532494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAMES BROWN**

Mailing Address 923 TIMBER LANE

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, CONCEPTUAL PROD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990542494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHERINE A BENSON**

Mailing Address 3410 NOBB HILL DR

City State Zip Code  
 HUDSONVILLE MI 49426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CARDINAL HEALTH, INC

Occupation  
 DIR, NUCLEAR PHARMAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990602494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. CATHY CHENETSKI**

Mailing Address 5734 ENNISHANNON PLACE

City State Zip Code  
DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, REGULATORY MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990622494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TERESA M JANZ**

Mailing Address 2431 N. 84TH STREET

City State Zip Code  
WAUWATOSA WI 53226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990642494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHRYN J ABLEIDINGER**

Mailing Address 34 ASHBURY CT

City State Zip Code  
HUDSON WI 54016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990652494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. BRIAN R BUSS**

Mailing Address 7483 BARDSTON DRIVE

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, APP DESIGN & DE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990672494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. HARRY BEDGOOD**

Mailing Address 105 LEE SMITH LANE

City State Zip Code  
KERNERSVILLE NC 27284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OP EXCELLENCE D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990682494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TINA M STAVINOHA**

Mailing Address 125 ARROW ROAD

City State Zip Code  
EAGLE LAKE TX 77434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, LEARNING MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990732494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MARK S JONES**

Mailing Address 1106 PORTSMOUTH CIRCLE

City State Zip Code  
 GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, MKTG & PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990742494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MATTHEW G BAKER**

Mailing Address 13602 ASHLEY RUN

City State Zip Code  
 HOUSTON TX 77077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990752494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROBBIE D JORGENSEN**

Mailing Address 578 MORTS DRIVE

City State Zip Code  
 WENTZVILLE MO 63385

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR7990782494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

855.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID S OLSON**

Mailing Address 12211 CLEARFORK DR

City  
HOUSTON

State Zip Code  
TX 77077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, PHARMACY OPERAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990802494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL L SWANBERG**

Mailing Address 3648 TIERRA PARIS

City  
EL PASO

State Zip Code  
TX 79938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, ENGINEERING MGM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990812494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RAYMOND GROTZINGER**

Mailing Address 0836 SW CURRY ST # 102

City  
PORTLAND

State Zip Code  
OR 97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, MULTI-FUNCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR7990832494**

Amount of Each Receipt this Period

247.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

589.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID M ELLIS**

Mailing Address 4801 THOR WAY

City

CARMICHAEL

State

CA

Zip Code

95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, TERRITORY SALES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7990842494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RICHARD J ROSENFELD**

Mailing Address 4827 ROCKWOOD DRIVE

City

WAXHAW

State

NC

Zip Code

28173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, PHARM OPS & ACC

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7990852494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ALAN SMITH**

Mailing Address 6612 N. CREEKWOOD DR

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, QUALITY ASSURAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR7990882494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

684.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL J MANGIONE**

Mailing Address 10733 JONES ROAD

City  
CLARENCEState Zip Code  
NY 14031FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INCOccupation  
DIR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7990892494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL F MURPHY**

Mailing Address 30 WILLOWBROOK RD

City  
WEST HARTFORDState Zip Code  
CT 06107-1638FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INCOccupation  
DIR, NUCLEAR PHARMAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7990902494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRADLEY G COCHRAN**

Mailing Address 2589 AIKIN CIRCLE S

City  
LEWIS CENTERState Zip Code  
OH 43035FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INCOccupation  
VP, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR7990912494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

684.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DIANNE RADIGAN**

Mailing Address 900 EASTCHESTER DR

City

GAHANNA

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, COMMUNITY RELAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR7990942494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID E GAJESKI**

Mailing Address 352 DORADO BEACH EAST

City

DORADO

State

PR

Zip Code

00646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, SALES OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR7990982494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ENRIQUE L SANABRIA**

Mailing Address 10 ROSEDALE BROOK CT

City

THE WOODLANDS

State

TX

Zip Code

77381

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR7990992494

Amount of Each Receipt this Period

180.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

864.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID K ORENSTEN**

Mailing Address 3641 DAYSPRING DRIVE

City  
HILLIARDState  
OHZip Code  
43026FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

ASST GEN CSL, LITIGA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR7991002494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTINE L BENTLEY**

Mailing Address 12283 SOUTH PARKER STREET

City  
OLATHEState  
KSZip Code  
66061FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, EXEC CNSLT, SCI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR7991012494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. IHSIEN S LIN**

Mailing Address 7664 MILL SPRINGS DRIVE

City  
DUBLINState  
OHZip Code  
43016FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, STRATEGIC PRICI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR7991022494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

513.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ANDRE D SMITH**

Mailing Address 2514 BLUE WATER BAY DR

City State Zip Code  
 KATY TX 77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, PHARM OPS & ACC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR8008832494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DONALD R HOWARD**

Mailing Address 1848 OVERLOOK DRIVE

City State Zip Code  
 MOUNT DORA FL 32757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EXEC, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR8008842494**

Amount of Each Receipt this Period

135.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. NANCY CAHILL**

Mailing Address 9452 E HERITAGE TRAIL DRIVE

City State Zip Code  
 SCOTTSDALE AZ 85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, CLINICAL OPS - P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

**Transaction ID : PR8008892494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

477.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 142

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. WALTER WEIDEMANN**

Mailing Address 7 KIRKCALDY DR

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, SALES TRAINING/

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2011					

**Transaction ID : PR8008902494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SUSAN C JACKSON**

Mailing Address 260 JENKINS ROAD

City

LEBANON

State

TN

Zip Code

37087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONS MGMT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2011					

**Transaction ID : PR8008912494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SCOTT WOLFF**

Mailing Address 3446 N CLAREMONT AVE

City

CHICAGO

State

IL

Zip Code

60618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONAL EXC

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2011					

**Transaction ID : PR8008922494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

513.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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FOR LINE NUMBER: PAGE 115 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT B HOBGOOD**

Mailing Address 203 COBBLESTONE DR

City	State	Zip Code
CHAPEL HILL	NC	27516

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT (HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR8008932494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DEBORAH BROWN**

Mailing Address 3204 STONEBRIDGE TR

City	State	Zip Code
VALRICO	FL	33596

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, HEALTH SYSTEM P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR8008952494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. STEPHEN J MEDVE**

Mailing Address 271 E WHITTIER ST.

City	State	Zip Code
COLUMBUS	OH	43206

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SR RECRUITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR8008982494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT J DOONE**

Mailing Address 6119 PEPPERGRASS COURT

City State Zip Code  
 WESTERVILLE OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, MARKETING MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR8009002494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. COLIN HATCH**

Mailing Address 1351 NOE BIXBY ROAD

City State Zip Code  
 COLUMBUS OH 43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, TAX TECHNICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR8009012494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ERIC J PERLA**

Mailing Address 15426 COURT AMBER TL

City State Zip Code  
 CYPRESS TX 77433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR8009082494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DIANE CREAL**

Mailing Address 2928 BIRCH ROAD

City  
HOMEWOOD

State Zip Code  
IL 60430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, PHARMACY OPERAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8009132494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TONY SZADO**

Mailing Address 5342 S LEWISTON CT

City  
CENTENNIAL

State Zip Code  
CO 80015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8009182494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JACQUELINE A GLEASON**

Mailing Address N 7896 VALLEY VIEW RD

City  
NEW GLARUS

State Zip Code  
WI 53574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8009192494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. GORDON A CRAWFORD**

Mailing Address 8735 RICHARDS RD.

City  
UTICA

State Zip Code  
OH 43080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, QUALITY CONTROL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8009202494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRIAN K SINGLETON**

Mailing Address 2521 EAST 31ST STREET

City  
TULSA

State Zip Code  
OK 74105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, TERRITORY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8009212494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CARROLL B CALLICOTT**

Mailing Address 3139 SUMMERLIN DRIVE

City  
BELDEN

State Zip Code  
MS 38826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, NUCLEAR PHARMAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8009222494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 119 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL E COOPER**

Mailing Address 1539 HIGHWAY 135

City  
RAYVILLE

State Zip Code  
LA 71269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, PHARMACY OPS PR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8009232494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID R WEDEL**

Mailing Address 15200 MEMORIAL DRIVE  
1102

City  
HOUSTON

State Zip Code  
TX 77079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, PHARMACY OPERAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8009242494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SIDNEY P PHILLIPS**

Mailing Address 1285 PLOVER CIR

City  
PONDER

State Zip Code  
TX 76259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
DIR, CLINICAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8009252494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

513.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 142

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DENNIS MCGUIRE**

Mailing Address 12610 SO. 81ST AVE

City State Zip Code  
 PAPILLION NE 68046

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR8009282494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ANITA ANDERSON**

Mailing Address 27341 DAKOTA AVE.

City State Zip Code  
 ELKO MN 55020

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EXEC, ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR8009292494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN W SAFFORD**Mailing Address 2130 W NORTH AVE  
#302

City State Zip Code  
 CHICAGO IL 60622

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EXEC, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR8131752494

Amount of Each Receipt this Period

126.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

468.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JEFFREY SCOTT**

Mailing Address 300 W. SPRING STREET  
#1502

City State Zip Code  
COLUMBUS OH 43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, GM P4 HEALTHCAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1504.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8131762494**

Amount of Each Receipt this Period

902.70

P/R Deduction (\$100.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROGELIO A ARMINO**

Mailing Address 6213 BLUFF TRAIL LN

City State Zip Code  
EL PASO TX 79912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONAL EXC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8131782494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DENNIS W BRAUN**

Mailing Address 5667 MEDALLION DR WEST

City State Zip Code  
WESTERVILLE OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, FINANCE MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8285402494**

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1244.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. SAMER ABDUL-SAMAD**

Mailing Address 6271 BELVEDERE GREEN BLVD

City State Zip Code  
 DUBLIN OH 43016

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR8285412494

Amount of Each Receipt this Period

135.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. NATASHA C NICOL**

Mailing Address 35 RED TAIL HAWK LOOP

City State Zip Code  
 PAWLEYS ISLAND SC 29585

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, CLINICAL SPECIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR8304342494

Amount of Each Receipt this Period

171.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JOEL M BARCZAK**

Mailing Address 1570 COUNTRY WALK DR

City State Zip Code  
 FLEMING ISLAND FL 32003

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR8429792494

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

648.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. KEVIN M KANNALLY**

Mailing Address 14529 ROBINSON RD

City  
PLAIN CITY

State Zip Code  
OH 43064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
VP, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8458712494**

Amount of Each Receipt this Period

342.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RAMON GREGORY**

Mailing Address 7587 CHANCERY DRIVE

City  
DUBLIN

State Zip Code  
OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR8478422494**

Amount of Each Receipt this Period

225.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

567.00

95832.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 142

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Matheson for Congress**

Mailing Address P.O. Box 636

City	State	Zip Code
Annadale	VA	22003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. James D. Matheson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2011

**Transaction ID : 5754077**

Amount of Each Disbursement this Period

1000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Dave Camp for Congress**

Mailing Address 2931 E. Dublin-Granville Road, Sui

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. David Lee Camp**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2011

**Transaction ID : 5754078**

Amount of Each Disbursement this Period

2500.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Sam Johnson**Mailing Address 2501 Wisconsin Avenue  
Suite 304

City	State	Zip Code
Washington	DC	20007

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sam Johnson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2011

**Transaction ID : 5765181**

Amount of Each Disbursement this Period

2000.00
---------

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Cantor For Congress**

Mailing Address 25 E. Main Street Ste 203

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Eric I. Cantor**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2011

**Transaction ID : 5780513**

Amount of Each Disbursement this Period

2500.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Andrews for Congress**

Mailing Address 117-6 Echelon Road

City	State	Zip Code
Voorhees	NJ	08043

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Robert E. Andrews**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2011

**Transaction ID : 5780885**

Amount of Each Disbursement this Period

1000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Diana DeGette for Congress Inc.**

Mailing Address 228 2nd Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Diana DeGette**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2011

**Transaction ID : 5780886**

Amount of Each Disbursement this Period

2000.00
---------

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Bill Johnson For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2011

Mailing Address 100 E Broad Street Ste 2330

City	State	Zip Code
Columbus	OH	43215

**Transaction ID : 5794228**Purpose of Disbursement  
Direct Contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Mr. Bill Johnson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 06

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Congressman Waxman Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Mailing Address 6380 Wilshire Blvd. #1612

City	State	Zip Code
Los Angeles	CA	90048

**Transaction ID : 5798027**Purpose of Disbursement  
Direct Contribution

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Rep. Henry A. Waxman**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 30

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Latham For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2011

Mailing Address 217 Third St SE

City	State	Zip Code
Washington	DC	20003

**Transaction ID : 5811001**Purpose of Disbursement  
Direct Contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Thomas Latham**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 04

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 142

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Klobuchar For Minnesota**

Mailing Address 10 G Street NE Ste 570

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Sen. Amy Klobuchar**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2011

**Transaction ID : 5812926**

Amount of Each Disbursement this Period

2000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Rogers for Congress**Mailing Address PO Box 581  
Post Office Box 581

City Brighton	State MI	Zip Code 48116
------------------	-------------	-------------------

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. Michael J. Rogers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

**Transaction ID : 5840762**

Amount of Each Disbursement this Period

2000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Latta for Congress**

Mailing Address P.O. Box 106

City Bowling Green	State OH	Zip Code 43402
-----------------------	-------------	-------------------

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. Robert Latta**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

**Transaction ID : 5840763**

Amount of Each Disbursement this Period

2000.00
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Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mulvaney For Congress**

Mailing Address 499 S Capitol St SW Ste 420

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Mick Mulvaney**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2011

**Transaction ID : 5850683**

Amount of Each Disbursement this Period

1000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Pioneer PAC**

Mailing Address 217 Third St SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

**Transaction ID : 5936246**

Amount of Each Disbursement this Period

3000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Tim Griffin For Congress Committee**

Mailing Address P.O. Box 7526

City Little Rock	State AR	Zip Code 72217
---------------------	-------------	-------------------

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Tim Griffin**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2011

**Transaction ID : 5947511**

Amount of Each Disbursement this Period

2000.00
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Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

**A. Schwartz for Congress**

Mailing Address 38 Ivy Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Direct Contribution

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2011

Transaction ID : 5947512

Amount of Each Disbursement this Period

2500.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Steve Austria for Congress**

Mailing Address 217 Third St SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Rep. Steve Austria

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

Transaction ID : 5968689

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Max Baucus**

Mailing Address 122 C Street NW Ste 505

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Direct Contribution

Candidate Name

Sen. Max Baucus

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2011

Transaction ID : 5970409

Amount of Each Disbursement this Period

1500.00
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Direct Contribution

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Olson For Congress Committee**

Mailing Address PO Box 16381

City	State	Zip Code
Sugar Land	TX	77496

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Pete Olson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2011

**Transaction ID : 5970417**

Amount of Each Disbursement this Period

2000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Joe Pitts**

Mailing Address 1707 Prince St #5

City	State	Zip Code
Alexandra	VA	22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Joseph Pitts**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2011

**Transaction ID : 5970419**

Amount of Each Disbursement this Period

2000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Max Baucus**

Mailing Address 122 C Street NW Ste 505

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Max Baucus**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2011

**Transaction ID : 5970420**

Amount of Each Disbursement this Period

1000.00
---------

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Alamo PAC**

Mailing Address 1020 N Fairfax St #201

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Alamo PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2011

**Transaction ID : 5976804**

Amount of Each Disbursement this Period

5000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. National Association of Chain Drug Stores PAC**

Mailing Address 413 N Lee St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**National Association of Chain Drug Stores PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2011

**Transaction ID : 5976805**

Amount of Each Disbursement this Period

2500.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Alamo PAC**

Mailing Address 1020 N Fairfax St #201

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Void - Alamo PAC

011

Candidate Name

**Alamo PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2011

**Transaction ID : 5983217**

Amount of Each Disbursement this Period

-5000.00
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Void - Alamo PAC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. National Association of Chain Drug Stores PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2011

Mailing Address 413 N Lee St

City	State	Zip Code
Alexandria	VA	22314

**Transaction ID : 5983218**Purpose of Disbursement  
Void - National Association of Chain Drug Stores PAC

Amount of Each Disbursement this Period

-2500.00
----------

Candidate Name

**National Association of Chain Drug Stores PAC**

011
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Void - National Association of Chain Drug Stores PAC

Full Name (Last, First, Middle Initial)

**B. Alamo PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2011

Mailing Address 1020 N Fairfax St #201

City	State	Zip Code
Alexandria	VA	22314

**Transaction ID : 5983219**Purpose of Disbursement  
Direct Contribution

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Alamo PAC**

011
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. National Association of Chain Drug Stores PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2011

Mailing Address 413 N Lee St

City	State	Zip Code
Alexandria	VA	22314

**Transaction ID : 5983220**Purpose of Disbursement  
Direct Contribution

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**National Association of Chain Drug Stores PAC**

011
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Truth Accountability and Courage PAC**

Mailing Address 228 S washington St Ste 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Truth Accountability and Courage PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2011

**Transaction ID : 5983338**

Amount of Each Disbursement this Period

2500.00
---------

Direct Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

60000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Heard**

Mailing Address 87 S Hampton Rd

City Columbus	State OH	Zip Code 43213-1606
------------------	-------------	------------------------

Purpose of Disbursement  
Tracey Heard, STATE HOUSE 26th OH

Candidate Name

**Tracey Heard**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2011

**Transaction ID : 5794229**

Amount of Each Disbursement this Period

500.00
--------

Tracey Heard, STATE HOUSE 26th OH

Full Name (Last, First, Middle Initial)

**B. Sykes for Office**

Mailing Address 133 Furnace Run Dr

City Akron	State OH	Zip Code 44307-2259
---------------	-------------	------------------------

Purpose of Disbursement  
Vernon Sykes, STATE HOUSE 44th OH

Candidate Name

**Vernon Sykes**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 44

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2011

**Transaction ID : 5794230**

Amount of Each Disbursement this Period

500.00
--------

Vernon Sykes, STATE HOUSE 44th OH

Full Name (Last, First, Middle Initial)

**C. Citizens with Celeste**

Mailing Address 366 E Broad St

City Columbus	State OH	Zip Code 43215-3819
------------------	-------------	------------------------

Purpose of Disbursement  
Ted Celeste, STATE HOUSE 24th OH

Candidate Name

**Ted Celeste**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2011

**Transaction ID : 5794231**

Amount of Each Disbursement this Period

500.00
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Ted Celeste, STATE HOUSE 24th OH

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens to Elect John Patrick Carney**

Mailing Address 357 E Torrence Rd

City	State	Zip Code
Columbus	OH	43214-3837

Purpose of Disbursement  
John Carney, STATE HOUSE 22nd OH

Candidate Name

**John Carney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2011

**Transaction ID : 5794232**

Amount of Each Disbursement this Period

500.00
--------

John Carney, STATE HOUSE 22nd OH

Full Name (Last, First, Middle Initial)

**B. Committee to Elect W. Carlton Weddington**

Mailing Address 75 N Ohio Ave

City	State	Zip Code
Columbus	OH	43203-1950

Purpose of Disbursement  
W. Carlton Weddington, STATE HOUSE 27th OH

Candidate Name

**W. Carlton Weddington**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2011

**Transaction ID : 5794233**

Amount of Each Disbursement this Period

500.00
--------

W. Carlton Weddington, STATE HOUSE 27th OH

Full Name (Last, First, Middle Initial)

**C. Citizens for Stinziano**

Mailing Address 550 E Walnut St

City	State	Zip Code
Columbus	OH	43215-5323

Purpose of Disbursement  
Mike Stinziano, STATE HOUSE 25th OH

Candidate Name

**Mike Stinziano**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2011

**Transaction ID : 5794234**

Amount of Each Disbursement this Period

500.00
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Mike Stinziano, STATE HOUSE 25th OH

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Republican Senate Campaign Committee**

Mailing Address 4679 Winterset Dr

City	State	Zip Code
Columbus	OH	43220-8113

Purpose of Disbursement  
Direct Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2011

**Transaction ID : 5794235**

Amount of Each Disbursement this Period

1500.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Shirley Smith**

Mailing Address 13901 Woodworth Avenue

City	State	Zip Code
Cleveland	OH	44112

Purpose of Disbursement  
Shirley Smith, STATE SENATE 21st OH

Candidate Name

**Shirley Smith**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: OH	District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2011

**Transaction ID : 5794236**

Amount of Each Disbursement this Period

500.00
--------

Shirley Smith, STATE SENATE 21st OH

Full Name (Last, First, Middle Initial)

**C. Jason Wilson for Senate**

Mailing Address 252 W Main St

City	State	Zip Code
Saint Clairsville	OH	43950-1061

Purpose of Disbursement  
Jason Wilson, STATE SENATE 30th OH

Candidate Name

**Jason Wilson**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: OH	District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2011

**Transaction ID : 5794237**

Amount of Each Disbursement this Period

500.00
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Jason Wilson, STATE SENATE 30th OH

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens for Tavares**

Mailing Address 5632 Farms Dr

City	State	Zip Code
Columbus	OH	43213

Purpose of Disbursement  
Charleta Tavares, STATE SENATE 15th OH

Candidate Name

**OH Sen. Charleta Tavares**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2011

**Transaction ID : 5794238**

Amount of Each Disbursement this Period

500.00
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Charleta Tavares, STATE SENATE 15th OH

Full Name (Last, First, Middle Initial)

**B. Mike Dewine for Ohio**

Mailing Address 2587 Conley Road

City	State	Zip Code
Cedarville	OH	45314

Purpose of Disbursement  
Mike Dewine, ATTORNEY GENERAL OH

Candidate Name

**Mike Dewine**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : 5895857**

Amount of Each Disbursement this Period

2500.00
---------

Mike Dewine, ATTORNEY GENERAL OH

Full Name (Last, First, Middle Initial)

**C. Husted for Ohio**

Mailing Address 148 Sherbrooke Dr

City	State	Zip Code
Dayton	OH	45429-1742

Purpose of Disbursement  
Jon Husted, SECRETARY OF STATE OH

Candidate Name

**Jon Husted**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : 5895858**

Amount of Each Disbursement this Period

2500.00
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Jon Husted, SECRETARY OF STATE OH

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ohio House Republican Organizational Cmt**

Mailing Address 4679 Winterset Dr

City	State	Zip Code
Columbus	OH	43220-8113

Purpose of Disbursement  
Direct Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

**Transaction ID : 5936237**

Amount of Each Disbursement this Period

1500.00
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Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens for Anne Gonzales**

Mailing Address 865 Macon Alley

City	State	Zip Code
Columbus	OH	43206

Purpose of Disbursement  
Anne Gonzales, STATE HOUSE 19th OH

Candidate Name

**Anne Gonzales**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: OH	District: 19

Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

**Transaction ID : 5936238**

Amount of Each Disbursement this Period

500.00
--------

Anne Gonzales, STATE HOUSE 19th OH

Full Name (Last, First, Middle Initial)

**C. Citizens for Mike Duffey**

Mailing Address 645 Farrington Drive

City	State	Zip Code
Worthington	OH	43085

Purpose of Disbursement  
Mike Duffey, STATE HOUSE 21st OH

Candidate Name

**OH Rep. Mike Duffey**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: OH	District: 21

Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

**Transaction ID : 5936239**

Amount of Each Disbursement this Period

500.00
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Mike Duffey, STATE HOUSE 21st OH

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Jeff McClain**

Mailing Address 428 S Sandusky Ave

City	State	Zip Code
Upper Sandusky	OH	43351

Purpose of Disbursement  
Jeffrey McClain, STATE HOUSE 82nd OH

Candidate Name

**OH Rep. Jeffrey McClain**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: OH District: 82

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : 5936240**

Amount of Each Disbursement this Period

1000.00
---------

Jeffrey McClain, STATE HOUSE 82nd OH

Full Name (Last, First, Middle Initial)

**B. Citizens for Cheryl Grossman**

Mailing Address 3955 Brown Park Dr Ste A

City	State	Zip Code
Hilliard	OH	43026-3137

Purpose of Disbursement  
Cheryl Grossman, STATE HOUSE 23rd OH

Candidate Name

**Cheryl Grossman**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: OH District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : 5936241**

Amount of Each Disbursement this Period

500.00
--------

Cheryl Grossman, STATE HOUSE 23rd OH

Full Name (Last, First, Middle Initial)

**C. Pelanda for State Representative**

Mailing Address 4679 Winterset Dr.

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement  
Dorothy Pelanda, STATE HOUSE 83rd OH

Candidate Name

**OH Rep. Dorothy Pelanda**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: OH District: 83

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : 5936242**

Amount of Each Disbursement this Period

500.00
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Dorothy Pelanda, STATE HOUSE 83rd OH

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Tim Schaffer for Ohio Senate Committee**

Mailing Address 1173 Stone Run Ct.

City	State	Zip Code
Lancaster	OH	43130

Purpose of Disbursement  
Tim Schaffer, STATE SENATE 31st OH

Candidate Name

**OH Sen. Tim Schaffer**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : 5936243**

Amount of Each Disbursement this Period

2500.00
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Tim Schaffer, STATE SENATE 31st OH

Full Name (Last, First, Middle Initial)

**B. Citizens for Sears**

Mailing Address 6711 Monroe St Bldg 3 Ste D

City	State	Zip Code
Sylvania	OH	43560

Purpose of Disbursement  
Barbara Sears, STATE HOUSE 46th OH

Candidate Name

**OH Rep. Barbara Sears**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 46

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : 5936245**

Amount of Each Disbursement this Period

1000.00
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Barbara Sears, STATE HOUSE 46th OH

Full Name (Last, First, Middle Initial)

**C. Friends of Tom Patton**

Mailing Address 17157 Rabbit Run Dr

City	State	Zip Code
Strongsville	OH	44136

Purpose of Disbursement  
Thomas Patton, STATE SENATE 24th OH

Candidate Name

**OH Sen. Thomas Patton**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : 5936247**

Amount of Each Disbursement this Period

2500.00
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Thomas Patton, STATE SENATE 24th OH

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect John Adams**

Mailing Address 1509 Bon Air Cr

City	State	Zip Code
Sidney	OH	45365

Purpose of Disbursement  
John Adams, STATE HOUSE 78th OH

Candidate Name

**OH Rep. John Adams**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 78

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : 5936248**

Amount of Each Disbursement this Period

1000.00
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John Adams, STATE HOUSE 78th OH

Full Name (Last, First, Middle Initial)

**B. Friends of Faber**

Mailing Address 7706 State Route 703

City	State	Zip Code
Celina	OH	45822-2923

Purpose of Disbursement  
Keith Faber, STATE SENATE 12th OH

Candidate Name

**Keith Faber**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2011

**Transaction ID : 5947466**

Amount of Each Disbursement this Period

2000.00
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Keith Faber, STATE SENATE 12th OH

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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24500.00
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